



FLEXIBLE BENEFITS PLAN ENROLLMENT — TRANSPORTATION AND PARKING

State of Tennessee • Department of Finance and Administration • Benefits Administration
26th Floor, William R. Snodgrass TN Tower • Nashville, Tennessee 37243 • 615.741.3590 or 1.800.253.9981 • Fax: 615.741.8196

Complete this form only if you wish to participate in the Transportation and Parking Reimbursement Plan.

EMPLOYEE INFORMATION

Last Name	First Name	Middle Initial	Social Security Number
Home Address		City	State Zip Code
Department Name		Dept ID / Budget Code	Date Hired Employee ID (if known)
Work Phone	Payroll Frequency (paychecks per year) <input type="checkbox"/> 12 <input type="checkbox"/> 24 <input type="checkbox"/> Other _____		Enrollment Status <input type="checkbox"/> Enroll <input type="checkbox"/> Change Deduction <input type="checkbox"/> Stop Account

REIMBURSEMENT ACCOUNT ENROLLMENT

Indicate the amount you wish to contribute to a reimbursement account through tax-free salary reduction by completing the sections below. If you have questions, contact your personnel office for additional literature or you may call 615.741.3131.

Transportation Reimbursement Account	Parking Reimbursement Account
Maximum allowable contribution is \$110 per month Monthly Payroll Deduction: If you are paid semi-monthly, this amount will be divided between your paychecks. \$ _____	Maximum allowable contribution is \$215 per month Monthly Payroll Deduction: If you are paid semi-monthly, this amount will be divided between your paychecks. \$ _____

AUTHORIZATION

- Transportation and Parking Accounts do not have an annual enrollment period. I understand the amount selected will remain in effect until I either change the elected amount or notify Benefits Administration to terminate my account.
- I hereby authorize my employer to reduce my gross salary before federal, state and social security taxes are calculated by the total amount of annual salary reduction indicated above. I understand that the amount of salary reduction will include the items specified above and will continue in effect unless I file a change in deduction.
- I understand that on June 30, any remaining balance from the previous year will automatically roll into an active account of the same type. If there is not a current account, remaining balances from the previous year will be forfeited.
- I understand and agree that the state will not incur any liability resulting from either my participation in or my failure to accurately complete this enrollment application.

Employee Signature	Date Signed
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Return this application to your personnel office. Keep a copy for your records.

For questions regarding enrollment, please call Benefits Administration at 615.741.3590 or 1.800.253.9981.

For questions regarding reimbursement requests, please call the Department of Treasury at 615.532.3170 or 1.877.681.0155.